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Attention: Group Art Unit 1745	From: Travis Dodd
Fax: (703) 872-9306	Fax: (818) 833-2065
Examiner's Phone: (571) 272-1041	Phone: (818) 833-2014
Company: United States Patent and Trademark Office	Company: Quallion LLC
Re: Application Serial No. 10/666,860	Pages: Total of 10 pages
Filing Date: 09/17/2003	
Inventor(s): Hisashi Tsukamoto et al. Date: October 7, 2004	
for ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE	
Examiner: Dah Wei D. Yuan	
Group Art Unit: 1745	
Attorney Docket No. Q137-US3	

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- Response to Notice of Non-Compliant Amendment
- Amendment Transmittal (in duplicate)
- Fee Transmittal (in duplicate)

Lisa K. Robbins
(Name of Person Signing Certificate)


(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/666,860
		Filing Date	September 17, 2003
		First Named Inventor	Hisashi Tsukamoto et al.
		Group Art Unit	1745
		Examiner Name	Dah Wei D. Yuan
Total Number of Pages in This Submission		Attorney Docket Number	Q137-US3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Respectfully submitted,

Dated: 10/7/2004

Phone: (818) 833-2014
 Fax: (818) 833-2065

By:

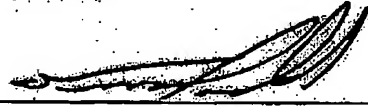


Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

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Typed or printed name	TRAVIS DODD		
Signature		Date	

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Respectfully submitted, <div style="text-align: right;">  By: _____ Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127 </div>	
Dated: 10/7/2004 Phone: (818) 833-2014 Fax: (818) 833-2065	

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Application Number	10/666,860
Filing Date:	September 17, 2003
Examiner Name:	Dah Wei D. Yuan
Group/Art Unit:	1745

TOTAL AMOUNT OF PAYMENT:	\$ 0.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 790.00	\$395.00	\$ 00.00
Total Claims	20 - 20=	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	2 - 3=	0	X \$ 88.00	X \$ 44.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 300.00	\$150.00	\$ 000.00
Total of above Calculations =					\$ 0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$ 000.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 00.00
Total of above Calculations =			\$ 00.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	10/7/2004

FEE TRANSMITTAL

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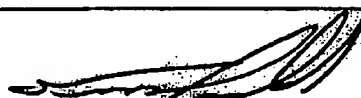
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	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	10/7/2004